

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10665923 09-18-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17	/						67						
18							68						
19							69						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	64						TOTAL DEP.						
TOTAL CLAIMS	75						TOTAL CLAIMS						